PATENT S/N 10/749,431

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Brian Alan Grove et al. Applicants:

Examiner: Matthew Gart

Serial No.:

10/749,431

Group Art Unit: 3625

Filed:

December 30, 2003

Docket: 2043.101US1

Customer No.: 49845

Confirmation No.: 9577

Title:

SELLER-CONTROLLED PUBLICATION OF QUESTION AND ANSWER

## PETITION FOR A THREE-MONTH EXTENSION OF TIME

Mail Stop Petitions Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In accordance with the provision of 37 C.F.R § 1.136(a), it is respectfully requested that a three-month extension of time be granted in which to respond to the Non-Final Office Action mailed November 8, 2007, said period of response being extended from February 8, 2008 to May 8, 2008.

Please charge Deposit Account No. 19-0743 in the amount of \$1,110.00 to cover the required extension fee. Please charge any additional fees or credit overpayment to deposit Account No. 19-0743.

Respectfully submitted,

SCHWEGMAN, LUNDBERG & WOESSNER, P.A. P.O. Box 2938

Minneapolis, MN 55402

(408) 278-4042

Date 10/08/08 Andre L. Marais

Reg. No. 48,095

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being filed using the USPTO's electronic filing system EFS-Web, and is addressed to: Mail Stop Petitions, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this \_\_\_\_\_\_ day of October, 2008.

Name

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 01/07/09 2 Serial/Patent # 10/749,431							
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED		6 AMOUNT	
	Filing						\$
	Amendment						\$
х	Extension of Time		wfee		10/08/0	08	\$ 1,110.00
	Notice of Appeal/Appeal						\$
	Petition						\$
	Issue						\$
	Cert of Correction/Terminal	Disc.					\$
	Maintenance						\$
	Assignment						\$
	0ther						\$
		7 TOTAL AMOUNT OF REFUND				\$1,110.00	
		8 TO BE REFUNDED BY:					
10 REASON:		1	Treasury Check				
	Overpayment		χ Credit Deposit A/C #:				
	Duplicate Payment			9 1	1 9	0	7 4 3
х	No Fee Due (Explanation):						
Submitted after abandonment.							
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: Sherry D/Brinkley TITLE: Petitions Examiner							
SIGNATURE: PHONE: (571) 272-3204							
OFFICE: Office of Petitions							
THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED: DATE:							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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PORM PTO 1577 (01/90)